| | SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 139 / 217 (check only one) X 11a 11b 11c 11d |
|--------|---|---|--|
| | Any information copied from such Reports and Statements may not be sold or used by any persor for commercial purposes, other than using the name and address of any political committee to NAME OF COMMITTEE (In Full) Adam Hasner for US Senate | | rson for the purpose of soliciting contributions to solicit contributions from such committee. |
| Α. | The Beacon Group Insu | | Date of Receipt M M |
| В. | Full Name (Last, First, Middle Initial) Melvin Sembler Mailing Address 5858 Central Ave. | | Date of Receipt N |
| | Self-Employed Rea | upation Estate Developer tion Cycle-to-Date ▼ 2500.00 | Transaction ID: AF333B1245F8E4A3382D Amount of Each Receipt this Period 2500.00 |
| 91038 | The Florida Healthcare Law Firm Atto | ate Zip Code 33444-2975 Upation rney stion Cycle-to-Date ▼ 500.00 | Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| 110202 | SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number only) | | 3500.00 |

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